## **SCHEDULE B**

(Form 5500)
Department of the Treasury
Internal Revenue Service Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation For calandar plan year 1002 or fiscal plan year haginning

## **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

OMB No. 1210-0016

► Attach to Forms 5500, 5500-C, 5500-K, or 5500-R if applicable. 1092 and anding

This Form is Open to Public Inspection

Nar	me of plan sponsor as show	le cause is established.  Employer identification number									
					Fatarthras		1				
Nar	me of plan				Enter three digit plan number	•	Yes	No			
1	Has a waiver of a fundi	ng deficiency for t	his plan been approved	by the IRS?							
	If "Yes," attach a copy	of the IRS approv	al letter.								
2	Is a waived funding def										
3			_	Code section 412(b)(2)	(B) been extended by I	RS?					
	If "Yes," attach a copy					•					
4	(b) Is this plan a mul ERISA section 42	tiemployer plan v 41?	which is, for this plan yo								
	· -	•		bed in the instructions.							
5	Has a change in fundin	-					L	l			
6	If "Yes," attach a copy		n required to snow IRS	approvai.							
U	Operational information:  (a) Enter most recent actuarial valuation date										
	<ul> <li>(a) Enter most recent actuarial valuation date</li> <li>(b) Enter date(s) and amount of contributions received this plan year for prior plan years and not previously reported:</li> </ul>										
	Date(s) ▶				, Amount	•					
				the beginning of the plan	year						
			of the beginning of the								
	''	•	•	yments		•					
		•				•					
				inning of the plan year		•					
			led in the most recent a	-		•					
	(i) Active partic	· · · · · · · · · · · · · · · · · · ·									
	• • • • • • • • • • • • • • • • • • • •	participants with									
_			ficiaries of deceased pa								
<u>7</u>	Contributions made to		<del> </del>	<del> </del>	4.	1					
	(a) Month Year	<b>(b)</b> Amount paid by employer	(c) Amount paid by employees	(a) Month Year	<b>(b)</b> Amount paid by employer		c) nt paid oloyees				
							<del> </del>				
						_					
_					····						
_											
				Total							
tion	atement by Enrolled Ac To the best of my knowledge, is used in the aggregate (a) are der the plan.	the information supplie	ed in this schedule and on the	accompanying statement, if any to reasonable expectations, and	r, is complete and accurate, a d (b) represent my best estim	and in my opinion nate of anticipated	the assu l experie	ump- ence			
Signature of actuary					Date						
		Print or ty	pe name of actuary		Ēr	rollment numb	er				
		<b></b>	Address	<b></b>	Telephone n	umber (includir	g area	code)			

ched	ule B (F	form 5500) 1983							P	age 2
8	Fund	ing standard account and othe	er information:							
•	(a) Accrued liabilities as determined for funding standard account as of (enter date)									
	(b)	and the second s								
	(c)									
	(0)	(ii) Shortfall gains or (losses) for period ending (iii) Shortfall gains or (losses) for period ending								
	(d)	d) Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero,								
	(4)	from 9(m) or 10(g) (or the attachment for 4(b) if required)								
9	Fund	nding standard account statement for this plan year ending								
	Charges to funding standard account:									
	(a)									
	(b)									
	(c)									
	(d)									
	(e)									
	` '	Credits to funding standard account:								1
	(f)	—								
	(g)									
	(h)	Amortization credits (outstand	ation credits (outstanding balance as of mo day yr > \$)							
	(i)	Interest as applicable to end of	of plan year on	(f), (g) and (h)	)			_		
	<b>(j)</b>	Other (specify) ►		. <b></b>						
	(k)	Total credits (add (f) through	(j))					崖		
	Bala	alance:								
	<b>(l)</b>	Credit balance: if (k) is greate	r than (e), ente	er the differen	ce			$\cdot$ $\cdot$ $\cdot$ $\vdash$		
lO	Alter	Iternative minimum funding standard account (omit if not used):								٦
	(a)	,							∐ Yes L	J No
		If "No," do not complete (b)		ued benefits over market value of assets						
	(b)									
	(c)									
	(d)	` , ` , ,								
	(e)		from column (	rom column (b) of item 7)						
	(f) (g)	Interest on (e)						ifference .		
11		uarial cost method used as the basis for this plan year's funding standard account computation:							-	
		Attained age normal							fit (unit credit)	
	(d)	Aggregate	(e)		nitial liability		(f) 🔲	Individual lev	el premium	
	(g)	☐ Other (specify) ►								
12	Che	cklist of certain actuarial	A Use	A Used for item 6(d) and (e)— B Used for it				sed for item 8	3, 9 or 10—	
		imptions:		ue of accrue				nding standa		
		Rates specified in insurance	Pre-re	tirement	Post-retireme			tirement	Post-retire	
	\-,'	or annuity contracts	Yes	No	Yes	No	Yes	No_	Yes	No
	(b)	Mortality table code:								
		(i) Males			0/					
		(ii) Females								
	(c)	Interest rate	%			%		%		%
	(d)	Retirement age								
	(e)	Expense loading		<u>%</u>		%		%		<u>%</u>
	(f)	Annual withdrawal rate:	Male	Female			Male	Female		
		(i) Age 25	%	%			%	%		
		(ii) Age 40	%	%			% %	% %		
		(iii) Age 55	%	%			<u></u> %	%		
	(g)	Ratio of salary at normal								
		retirement to salary at:					%	%		
		(i) Age 25					% %	% %		
		(ii) Age 40					%	%		

(h)

%

Yes

No